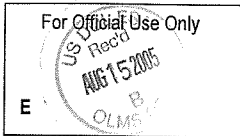


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6117	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Lawrence R Gianneschi III P.O. Box, Bldg., Room No., if any Street 1942 Hempel Avenue City Windermere State Florida ZIP Code + 4 34786-8305	4. Name, file number, and address of labor organization. Name Motion Picutre & Videotape Lab Techs Local 780 Labor Organization File Number 022-280 P.O. Box, Building and Room Number, if any Street 6301 North Northwest Highway City Chicago State Illinois ZIP Code + 4 60631-1669
5. Position in labor organization. Treasurer	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Lawrence R Gianneschi III on 8/12/2005 Telephone Number 40/-295-3666
Date

Name of Person Filing Lawrence Gianneschi III	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Local 780 Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 6301 North Northwest Highway</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60631-1669</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Value of lunch and dinners provided at regular Board of Trustees Meetings.</p>
	<p>11.b. Approximate dollar value of such dealing. \$170</p>
	<p>12.a. Nature of interest held or income received.</p>
	<p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Lawrence Gianneschi III

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Local 780 Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 6301 North Northwest Highway

City Chicago

State Illinois ZIP Code + 4 60631-1669

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Reimbursement of hotel bill.

11.b. Approximate dollar value of such dealing. \$183

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing Lawrence Gianneschi III

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Local 780 Welfare Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 6301 North Northwest Highway

City Chicago

State Illinois ZIP Code + 4 60631-1669

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Reimbursed expense for attending Board of Trustees Meetings.

11.b. Approximate dollar value of such dealing. \$300

12.a. Nature of interest held or income received.

12.b. Amount.

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Larry Gianneschi III
1942 Hempel Avenue
Windermere, FL 34786-8305
Ph/Fx: (407)295-3666
larrygiii@aol.com

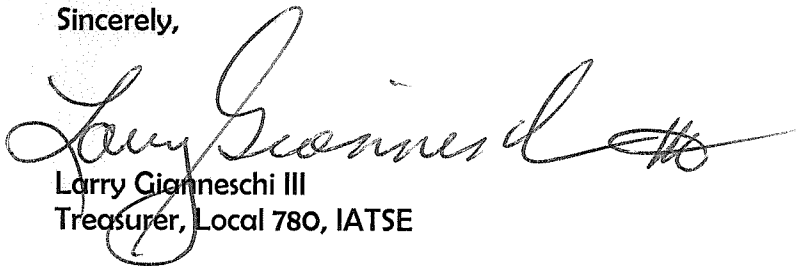
August 12, 2005

US Dept. of Labor
ESA
OLMS
Room N-5616
200 Constitution Avenue, NW
Washington, DC 20210-0001

Dear Sir or Madam:

Enclosed is my LM30 for the year 2004. Detailed records regarding these matters had not previously been kept so I have to the best of my recollection reported all items that I could determine were reportable. If there are any omissions, which I am at this time unaware of, I would file an amended form.

Sincerely,



Larry Gianneschi III
Treasurer, Local 780, IATSE

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